



TENNESSEE APPLICATION FOR INCENTIVES

Tennessee ECD USE Only

Project: _____

ECD Project Lead: _____

Phone: _____

Email: _____

TVA Project Lead: _____

Phone: _____

Email: _____

Date: _____

ECD Project Number: _____

INSTRUCTIONS

GENERAL INSTRUCTIONS:

Please include requested information for all sections. Be accurate and thorough to avoid delays in processing. Where no response is possible, please write N/A. Attachments and additional pages are not required unless specifically requested in the application. We will contact you if supplemental information is required.

WHO RECEIVES THE COMPLETED APPLICATION:

Please submit a completed application to the Tennessee Department of Economic & Community Development. Applications can be submitted via email to your ECD Project Lead. If overnight delivery or regular mail is preferred, please contact your ECD Project Lead for the proper address.

WHICH PROGRAM(S):

Please indicate the state program(s) for which the applicant is applying:

FastTrack Infrastructure	Yes	No
FastTrack Training	Yes	No

NOTE:

If incentives are awarded, the applicant agrees to submit yearly reports for five years detailing the total number of employees and the total number of women, veterans and minorities employed.

QUESTIONS?

Contact your ECD Project Lead.

CONFIRMATION OF ACCURACY

To the best of my knowledge and belief, the information contained in this Tennessee Application for Incentives is true and correct, as evidenced by my signature below. I further certify that the business entity is in good standing under the laws of the jurisdiction(s) in which the entity is organized or authorized to conduct business and that no delinquent taxes are owed to any taxing entity.

Signature: _____

Date: _____

(Authorized Representative of Applicant)

Print Name & Title: _____

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Approved and Reviewed Director FastTrack Programs: _____

Approved and Reviewed Director Project Management: _____

Amount Approved: FastTrack Training Funds _____

FastTrack Infrastructure Funds _____

Other Grants _____

Additional Notes:

APPLICANT INFORMATION - to be completed by all applicants

Company:

Mailing Address:

Address Line 2:

City:

State or Province:

Country:

Zip or Postal Code:

Company Contact:

Job Title:

Email:

Office Phone:

Website:

Mobile Phone:

Site Selection Consultant (if applicable):

Office Phone:

Email:

Mobile Phone:

Legal Business Name Under Which Application is Made:

Other DBAs widely used by company:

Is more than 10% of the company owned by an immediate family member of the TN Department of Economic and Community Development or a current member of the TN General Assembly? Yes No

Federal Tax ID Number:

State of Formation:

Service / Product Produced:

Number of Years in Business:

Number of Employees Worldwide:

Ticker Symbol & Exchange (if applicable):

NAICS Code(s):

NAICS codes can be found at www.naics.com/**Existing Jobs at Other Tennessee Locations (if applicable):****City****Number of Existing Jobs****FEIN**

Please comment on any known publicly available negative ratings ascribed to the company from groups such as ratings agencies, the BBB or D&B which you feel warrant explanation.



COMPLIANCE INFORMATION - to be completed by all applicants. If applicant is a newly formed subsidiary or joint venture, please provide information below pertaining to the parent(s).

1. Is the company facing any material pending or threatened civil or criminal litigation? Yes No
1a. If the answer is yes, please provide information on the litigation below or attach file.

2. Has the company, its officers or its directors faced any litigation concerning bankruptcy, criminal activity, securities law or business practices during the last ten years? Yes No
2a. If the answer is yes, please provide information on the litigation below.

3. Please list the applicant's officers and directors in the text box below or include this list as a separate attachment.

4. Has the company received incentives or grants from Tennessee or any other state in which the company did not fulfill its obligations related to the incentives or grants (e.g., job creation or capital investment)? Yes No

- 5 Is the company registered to conduct business in Tennessee? Yes No

5a. Required Certificates

Please enclose a Certificate of Authorization/Good Standing if the company has operated for one full year or more. For companies that have been in operation in Tennessee for less than one year enclose either a Certificate of Existence or an Application for a Certificate of Authority/Existence.

Either certificate can be obtained by contacting the Tennessee Secretary of State's Business Services division at (615) 741-2786. <http://tnbear.tn.gov/Ecommerce/CertOfExistenceInstr.aspx>

6. Is the company currently responsible for any material violation of the environmental regulations of the U.S. Environmental Protection Agency or the Tennessee Department of Environment and Conservation? Yes No

- 6a. If the answer is yes, please provide information on the nature and current status of this violation.

7. Is the company currently in violation of Title VI-Civil Rights Act of 1964? Yes No

- 7a. If the answer is yes, please provide information on the nature and current status of this violation.

PROJECT INFORMATION - to be completed by all applicants**Tennessee Site Location**

Address of Tennessee Site:

Local Contact:

Office Phone:

Email Address:

Mobile Phone:

Address of Additional Tennessee Site (if applicable):

Local Contact:

Office Phone:

Email Address:

Mobile Phone:

Project Description

1. Please check all that apply:

Headquarters

Constructing New Facility

New Business / Start-up

Manufacturing Plant

Expanding Existing Facility

Relocation from Out-of-State

Call Center

Renovating Existing Facility

Distribution/Warehouse Facility

Relocation within Tennessee

Expansion from Out-of-State

Other:

2. Provide a brief overview of the project (200 word maximum).

3. Primary Competition for Project (Out of State)

City

State or Country

Value of Cash Incentives

Value of Tax Credits

Value of Other Incentives

4. Committed Project Financing

*Please detail 'Other':

Applicant	
Financial Institution(s)	
Local Government(s) (excluding abatements)	
Federal Government	
Other (please detail)*	
Total	

Job Creation and Investment

1. Will the company employ temp-to-hire or contract employees?

Yes

No

1a. If yes, how many positions will be temp-to-hire?

1b. If yes, how many positions will be contract employees?

2. Will the project result in job losses at any existing Tennessee location?

Yes

No

2a. If yes, please detail in the text box below or include as attachment.

3. EXISTING JOBS IN TENNESSEE:

4. New Job Creation and Investment Schedule

Year	* New Job Creation				** New Investment Schedule					
	Pro-duction	Maint-enance	Office	Manage-ment	Land & Building	Machinery/Equipment	Data Equipment	Transferred Equipment	Pollution Control Equipment	Total Investment
1										
2										
3										
4										
5										
Total										

* Full-time jobs with benefits hired directly by company (on company payroll)

** Please do not include working capital or inventory

5. Wage Information (hourly wage without benefits)

Starting hourly wage for:

Production (w/o benefits) per hour

Maintenance (w/o benefits) per hour

Office (w/o benefits) per hour

Management (w/o benefits) per hour

Average hourly wage current w/o benefits per hour

Benefits package %

FASTTRACK JOB TRAINING ASSISTANCE - *complete only if applicant seeks training assistance*

1. First expected hire date for new full-time positions

2. Do you currently have a training plan in place? Yes No

HR Contact:

Phone:

Email:

Please list your general job classifications and how many jobs are expected in each category. Include the number of hours required for training, the average wage for each position, and use the drop down box to select the type of training to be utilized.

[illegible]

Please detail any additional information that may be helpful in determining possible training assistance.

FASTTRACK INFRASTRUCTURE ASSISTANCE - complete only if applicant seeks infrastructure assistance

Project Information

Type of Project: Check one or more of the major categories plus the appropriate subcategory(ies)

Transportation	Site Improvement	Water	Sewer	Gas	Telecommunications
Rail		Source	System		
Road Improvements		Treatment Plant	Line Extension		
Water		Storage			
Air		Rehabilitation			
		Line Extension			
Other (specify)					

PROGRAM NARRATIVE

If applying for an infrastructure or site improvement grant, please provide a brief description of the project in the space provided below. The details and cost estimates provided will be critical in determining the value of any infrastructure grant. Please attach a preliminary engineering report if one is available.